CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O. H. METALS	1002 Oswego St. Utica NY	2-11-87

Facility Equipment	Datex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
	1	N/A	N/A	N/A	1	1	3 Keys Trailer-Gate

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.

Officer—Day Shift (Name)	Officer—Swing Shift (Name)	Officer—Grave Shift (Name)
Ofc Del Vecchio	R Dealey	Dick Kokoszki
Shift Began 8:00 AM-PM Ended 4:00 AM-PM	Shift Began 4:00 AM-PM Ended 12:00 AM-PM	Shift Began 12:00 AM-PM Ended 8:00 AM-PM

Observations or actions taken	Day Shift Yes	Day Shift No	Day Shift Explanation	Swing Shift Yes	Swing Shift No	Swing Shift Explanation	Grave Shift Yes	Grave Shift No	Grave Shift Explanation
Rounds or stations missed		✓			✓			✓	
Unlocked doors, gates or windows		✓			✓			✓	
Unlocked vaults or safes		✓			✓			✓	
Fire-smoke-or hazards		✓			✓			✓	
1. Extinguishers missing or defective		✓			✓			✓	
2. Sprinkler system defective		✓			✓			✓	
3. Fire doors or exits blocked		✓			✓			✓	
4. Rubbish accumulation		✓			✓			✓	
5. Motors running		✓			✓			✓	
6. Lights left burning		✓		✓		as needed		✓	
Injury hazards		✓			✓			✓	
Visitors		✓			✓			✓	
Trespassing		✓			✓			✓	
Violation of company rules		✓			✓			✓	

Remarks

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and **call your supervisor** before leaving this post.

	Day Shift 1.	2.	3.	Swing Shift 1.	2	3	Grave Shift 1.	2.	3.
1. Were you injured during this tour?	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No
2. Did you suffer any illness?	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No	Yes (No)	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	(Yes) No	Yes No	Yes No	(Yes) No	Yes No	Yes No	(Yes) No	Yes No	Yes No
Signatures	Day Shift 1 Steven Del Vecchio			Swing Shift 1 Robert Dealey			Grave Shift 1. Dick Kokoszki		
Signatures	2			2			2.		
Signatures	3.			3			3.		

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